

Sir:

☐ continuation-in-part application

TITLE: Diagnosis of Data Transfer Faults Using Constraints

() Priority document(s) (☒ Other) _____ (fee \$ _____)

Charge \$ 1,124 to Deposit Account 50-1078. At any time during the pendency of this application, please charge any fees required or credit any over payment to Deposit Account 50-1078 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 50-1078 under 37 CFR 1.16, 1.17, 1.19, 1.20 and 1.21. A duplicate copy of this sheet is enclosed.

Date of Deposit 2/19/02

By Stephanie Riley
Typed Name: **Stephanie Riley**

Manley, et al.

By

Date: 2/19/02

Telephone No.: **(770) 933-9500**